

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor Delphi		Case Number
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Polyone Corp		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: 33587 WALKER ROAD AVON LAKE, OHIO 44012		
Telephone number: 440-930-1015		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim <input checked="" type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: AUG-SEPT '2005		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>35,897.76</u> (unsecured) (secured) (priority) 35,897.76 (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date 6/26/06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): S.W. Kessell S.W. KESSALL CREDIT MANAGER	

1/1 18252 11/29/2005

Polyone RESTRICTED & CONFIDENTIAL

Please Remit Payment To:

*DELPHI INTERIOR SYSTEMS
1401 COOKS ROAD
TROY MT 48084
USA
Polyone Corporation
Dept CH 10489
Palatine
USA
IL 60055-0489

Exhibit A -

13:58

Entered 03/14/07
Pg 2 of 9

Filed 03/14/07
Proof of Claim

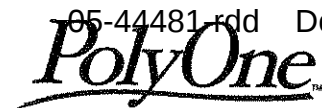
Doc 7226-1

05-4441-1-rdd

Invoice.No	Reference.No	Invoice Date	Terms	Net Due Date	Po.No	Current	001-030 Days	031-060 Days	061-090 Days	091-> Days	Reason code
101499535	10/04/2005	WTR08/26/05	N07	08/26/05							
1480029480	003343376	11/25/05		11/25/05		57.24-					RC
3003417732	0066258705	08/29/05	N30	09/28/05	550057089						
3003419443	0066264249	09/02/05	N30	10/02/05	550057089						
3003425572	0066300906	09/28/05	N07	10/05/05	550057089						
								11,421.00	11,421.00		
								12,372.75			

35,897.76 USD

57.24- 23,793.75 11,421.00 740.25

**Remit to:**

PolyOne Corporation
Dept CH 10489
PALATINE IL 60055-0489
USA

Customer no. 29101

*DELPHI I
PO Box 4447
BROWNSVILLE TX 78521
USA

Ship to no. 52110

DELPHI CMM - VALLEY WAREHOUSE
3301 NAFTA PARKWAY SUITE B
BROWNSVILLE TX 78521
USA

Invoice 3001417732

Invoice date 08/29/2005
Due Date 09/28/2005
Purchase Order 550057089
Delivery no. 66258705
Order no. 15750563
Account Rep 529 SHEILA WHITE

PolyOne Tax ID # : 34-1730488

For payment via ACH or Wire Transfer (*Preferred format for ACH is CTX):

Mellon Financial Corporation
ABA Routing Number 043000261
Account Number: 078-6808
Account Name: PolyOne
Swift Code: MELNUS3P

Please include invoice numbers or any important information in reference area

Conditions

Due date: 09/28/2005
Terms of payment: Net 30 Days
Terms of delivery: FCA SELLER'S FACILITY
Incoterms 2000 used for interpretation of trade term.

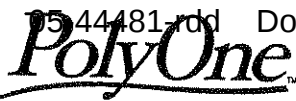
TOTAL DUE

Currency USD 11,421.00

Gross weight 11,340.0 LB (5,143.8 KG)
Net weight 10,800.0 LB (4,898.8 KG)

Please contact SHEILA WHITE of Plastics Cmpds & Colors at 1-731-287-3403 should you have any questions regarding this invoice.

INTEREST IS CHARGED ON PAST DUE ACCOUNTS AT 1.5% PER MONTH, OR SUCH OTHER MAXIMUM RATE ALLOWED BY LAW
NOTICE - We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7, and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under Section 14 thereof. IMPORTANT - If the shipment shows any evidence of loss or damage notify agent before accepting it. If loss or damage is discovered after delivery is taken notify agent immediately and in any event within fifteen days from date of delivery. Confirm notice to agent in writing and keep copy. Agent's report of inspection is made in duplicate and consignee must obtain a copy thereof. Failure to comply with the foregoing will invalidate claim against carrier.



Invoice
3001417732

Page 2 of 2

*DELPHI I
PO Box 4447
BROWNSVILLE TX 78521
USA

Item	Material	Quantity	Description	Price	Price Unit	Amount
000050	EM1000306060		EXP-TPE-150-244-17			
	Customer Material: M101564					
	Batch 3089416					
	10,800.0	LB		1.0575 USD	1 LB	11,421.00
	Producer Services					11,421.00
	Item Total					11,421.00
	H/S no. TBD Assignment Needed					
	Country of origin: US , Shipped from Region Code: TN					
TOTAL DUE				Currency USD		11,421.00
Gross weight	11,340.0	LB	(5,143.8	KG)		
Net weight	10,800.0	LB	(4,898.8	KG)		

Please contact SHEILA WHITE of Plastics Cmpds & Colors at 1-731-287-3403 should you have any questions regarding this invoice.

Additional Clauses:

Freight Collect

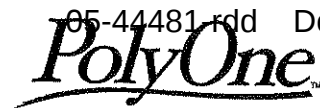
Customer Pick-Up - Customer arrange Pick-Up

Title and Risk of Loss transfer at seller's factory.

Freight not included in price.

The sale and acceptance of these goods is conditioned upon Buyer's understanding and acceptance of PolyOne Corporation's Terms and Conditions which shall be accessed by Buyer at <http://www.getpolyone.com/terms.htm>. PolyOne Corporation rejects all additional, different, or modified terms and conditions submitted by Buyer.

INTEREST IS CHARGED ON PAST DUE ACCOUNTS AT 1.5% PER MONTH, OR SUCH OTHER MAXIMUM RATE ALLOWED BY LAW
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**Remit to:**

PolyOne Corporation
Dept CH 10489
PALATINE IL 60055-0489
USA

Customer no. 29101

*DELPHI
PO Box 4447
BROWNSVILLE TX 78521
USA

Ship to no. 52110

DELPHI CMM - VALLEY WAREHOUSE
3301 NAFTA PARKWAY SUITE B
BROWNSVILLE TX 78521
USA

Invoice 3001419443

Invoice date 09/02/2005
Due Date 10/02/2005
Purchase Order 550057089
Delivery no. 66264249
Order no. 15760597
Account Rep 529 SHEILA WHITE

PolyOne Tax ID # : 34-1730488

For payment via ACH or Wire Transfer (*Preferred format for ACH is CTX):

Mellon Financial Corporation
ABA Routing Number 043000261
Account Number: 078-6808
Account Name: PolyOne
Swift Code: MELNUS3P

Please include invoice numbers or any important information in reference area

Conditions

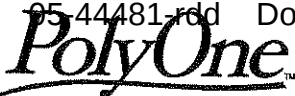
Due date: 10/02/2005
Terms of payment: Net 30 Days
Terms of delivery: FCA SELLER'S FACILITY
Incoterms 2000 used for interpretation of trade term.

TOTAL DUE**Currency USD****11,421.00**

Gross weight	11,340.0	LB	(5,143.8	KG)
Net weight	10,800.0	LB	(4,898.8	KG)

Please contact SHEILA WHITE of Plastics Cmpds & Colors at 1-731-287-3403 should you have any questions regarding this invoice.

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Invoice
3001419443

Page 2 of 2

*DELPHI I
 PO Box 4447
 BROWNSVILLE TX 78521
 USA

Item	Material	Quantity	Description	Price	Price Unit	Amount
000010	EM1000306060		EXP-TPE-150-244-17			
	Customer Material: M101564					
	Batch 3089416					
	900.0	LB		1.0575 USD	1 LB	951.75
	Producer Services					
	Item Total					951.75
	H/S no. TBD Assignment Needed					
	Country of origin: US , Shipped from Region Code: TN					
000011	EM1000306060		EXP-TPE-150-244-17			
	Customer Material: M101564					
	Batch 3089416					
	9,900.0	LB		1.0575 USD	1 LB	10,469.25
	Producer Services					
	Item Total					10,469.25
	H/S no. TBD Assignment Needed					
	Country of origin: US , Shipped from Region Code: TN					
TOTAL DUE			Currency USD		11,421.00	
Gross weight	11,340.0	LB	(5,143.8	KG)		
Net weight	10,800.0	LB	(4,898.8	KG)		

Please contact SHEILA WHITE of Plastics Cmpds & Colors at 1-731-287-3403 should you have any questions regarding this invoice.

Additional Clauses:

Freight Collect

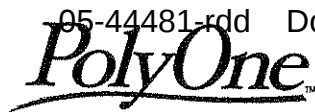
Customer Pick-Up - Customer arrange Pick-Up

Title and Risk of Loss transfer at seller's factory.

Freight not included in price.

The sale and acceptance of these goods is conditioned upon Buyer's understanding and acceptance of PolyOne Corporation's Terms and Conditions which shall be accessed by Buyer at <http://www.getpolyone.com/terms.htm>. PolyOne Corporation rejects all additional, different, or modified terms and conditions submitted by Buyer.

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Repeat

Page 1 of 2

Remit to:
PolyOne Corporation Dept CH 10489 PALATINE IL 60055-0489 USA

Customer no. 29101
*DELPHI I PO Box 4447 BROWNSVILLE TX 78521 USA

Ship to no. 52110
DELPHI CMM - VALLEY WAREHOUSE 3301 NAFTA PARKWAY SUITE B BROWNSVILLE TX 78521 USA

Invoice 3001425572	
Invoice date	09/28/2005
Due Date	10/28/2005
Purchase Order	550057089
Delivery no.	66300906
Order no.	15760597
Account Rep	529 SHEILA WHITE

PolyOne Tax ID # : 34-1730488

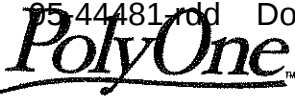
For payment via ACH or Wire Transfer (*Preferred format for ACH is CTX):
Mellon Financial Corporation ABA Routing Number 043000261 Account Number: 078-6808 Account Name: PolyOne Swift Code: MELNUS3P Please include invoice numbers or any important information in reference area

Conditions	
Due date:	10/28/2005
Terms of payment:	Net 30 Days
Terms of delivery:	FCA SELLER'S FACILITY
Incoterms 2000 used for interpretation of trade term.	

TOTAL DUE				Currency	USD	12,372.75
Gross weight	12,285.0	LB	(5,572.4	KG)		
Net weight	11,700.0	LB	(5,307.1	KG)		

Please contact SHEILA WHITE of Plastics Cmpds & Colors at 1-731-287-3403 should you have any questions regarding this invoice.

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Invoice

3001425572

Page 2 of 2

*DELPHI I
 PO Box 4447
 BROWNSVILLE TX 78521
 USA

Item	Material	Description	Quantity	Price	Price Unit	Amount
000040	EM100030606X	EXP-TPE-150-244-17				
	Customer Material: M101564					
	Batch 3102334					
	11,700.0	LB	1.0575	USD	1 LB	12,372.75
	Producer Services					12,372.75
	Item Total					
	H/S no. TBD Assignment Needed					
	Country of origin: US , Shipped from Region Code: TN					
TOTAL DUE			Currency USD		12,372.75	
Gross weight	12,285.0	LB	(5,572.4	KG)		
Net weight	11,700.0	LB	(5,307.1	KG)		

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Additional Clauses:

Freight Collect

Customer Pick-Up - Customer arrange Pick-Up

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Freight not included in price.

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SAP

Customer Line Item Display

PolyOne Corporation
Credit and A/R Layout with Ref Key 3 (Legacy Invoice No.)

18252
*DELPHI INTERIOR SYSTEMS
TROY

Stat	Account	CoCode	Doc no.	RefKey 3	Orig.Invc	Reference	Order No	z DC amount	Curr	RCd	z Arers	Doc. date	PayT	Clmg doc.	PO/Assign
	18252	US11	100593535		3001417326	10/04/2005 WIRE		740.25	USD	RC	96	11/07/2005	N07	100642538	FD883004
	18252	US11	100642538					683.01	USD		0	11/30/2005		100642538	
	18252	US11	100642538					35,214.75	USD		0	11/30/2005		100642538	
	18252	US11	1400028480		ON ACCOUNT	003343376	3001410625	57.24	USD	C	5	11/25/2005		100642538	
	18252	US11	3001417732		3001417732	0066258705	0015750563	11,421.00	USD		63	08/29/2005	N30	100642538	550057089
	18252	US11	3001419443		3001419443	0066264249	0015760597	11,421.00	USD		59	09/02/2005	N30	100642538	550057089
	18252	US11	3001425572		3001425572	0066300906	0015760597	12,372.75	USD		56	09/28/2005	N07	100642538	550057089
								0.00	USD		279				

Prints the window's content

PRD (3) (010) pocr3ap2 OVR

This document shows the set up of two claim amounts, a debit for \$740.25 and a credit for (57.24) relating to their payment of \$35,214.75